

**SOUTH CAROLINA DEPARTMENT OF
DISABILITIES AND SPECIAL NEEDS**

PERMISSION FOR TRAVEL

REGION/DISTRICT: _____

**REQUEST FOR
TRAVEL:**

(Check all applicable)

☐ OUT-OF-STATE

☐ OVER-NIGHT

NOTE: Submit two (2) copies to Central Office. One copy will be returned to division after processing.

PERMISSION IS REQUESTED FOR TRAVEL FOR:

Name of Employee/Social Security Number

Position Title/Division

ROUTE: From _____ **To** _____ **and return.**

PURPOSE OF TRAVEL (Be specific; identifying meetings, etc.)

EXPECTED ACCOMPLISHMENTS (value to the Center, Department, State of South Carolina):

INCLUSIVE DATES OF TRAVEL _____ **through** _____

MEANS OF TRANSPORTATION:

☐ State Car

☐ Private Vehicle

☐ Plane

☐ Train

☐ Bus

ESTIMATED COST OF TRIP

Transportation	\$
Per Diem	\$
Registration	\$
*Total Hotel (Number of nights _____ x \$ _____ per night)	\$
*If hotel rate exceeds \$60 per night or the GSA rate for that city, a <u>Request for Lodging in Excess of Allowable Cost</u> form must be attached.	
Total Trip Expense	\$

Approval Requested: _____
Employee Signature Date

Approval Recommended: _____
Division Director Signature Date

Regions/District Approval: _____
Facility Administrator or District Director Date

Central Office Approval: _____
State Director or Deputy State Director Date

***TO OBTAIN THE CURRENT GSA MAX LODGING RATE, GO TO WWW.GSA.GOV AND CLICK ON THE "POLICY" TAB. SCROLL DOWN TO "TRAVEL MANAGEMENT" AND CLICK ON THE BULLET "PER DIEM RATES".**

CENTRAL OFFICE USE ONLY:

CLASSIFICATION						AMOUNT
FUND	DIV	PROG	SERV	CC	BUD CL	
						\$
						\$
						\$
						\$

SOURCE OF FUNDS: _____